

Bayer

RCRA INSPECTION REVIEW SHEET

52

Name of Facility - Sun Chemical Corporation

RCRA ID# - H50002027151

Date of Inspection - 6-3-83

Type of Inspection:

Name of EPA/State Inspector -

Generator

Transporter

TSO

A. Lamm

DEP

Findings of Inspection:

no visible releases

263

contains not clearly marked.

265, 13 - no waste analysis plan.

265, 15 - no investigations

265, 16 - no person train.

265, 51 - no contingency plan.

Action(s) Taken:

None, told Sun to clean up

Action(s) Recommended:

Issue complaint for sp. Hg. if sample > 45  
HAZ. WA2.

07073

Bob

RCRA GENERATOR INSPECTION FORM

COMPANY NAME:

Sun Chemical Corporation, GPI News Ink

EPA I.D. NUMBER:

NJ0002027151

COMPANY ADDRESS:

Central Ave. East Rutherford

COMPANY CONTACT OR OFFICIAL:

Bob Biamonte

INSPECTOR'S NAME:

Alphonse Iannuzzi, Jr.

TITLE:

Supervisor

BRANCH/ORGANIZATION:

NJ DEP

CHECK IF FACILITY IS ALSO A TSD

FACILITY

☒

DATE OF INSPECTION:

6-3-82

YES

NO

DON'T  
KNOW

(1) Is there reason to believe that the facility has hazardous waste on site?

☒

☐

☐

a. If yes, what leads you to believe it is hazardous waste?  
Check appropriate box:

☒ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

F002, F003, F005,  
K086, U064, U220,  
U000.

I, C, T.  
above are listed on  
Part A permit due to  
most of  
these materials once used  
at this plant. These  
processes have been  
moved to another  
plant in the future.

b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

Please explain:

YES ☒ NO ☐ FROM ☐

c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

approx. 35 gal of flammable naphtha from lab.  
approx. 150, 55 gallon drums of work off ink (weak ink etc)

d. Describe the activities that result in the generation of hazardous waste.

① Laboratory use of naphtha (C5 and R30) ☒ Laboratory ink samples, non-flammable  
② Live readings from manufacturing inks, left over from production ☒  
③ Dirty inks from customers (work off etc) ☒ ink  
④ Dirty inks from customers (work off etc) ☒ ink

spill clean up material

a. What is the longest period that it has been accumulated?

b. Is the date when drums were placed in storage marked on each drum? ☒ no drums are dated

The key manifest shipment off site was in Jan. of 1982

(3) Has hazardous waste been shipped from this facility since November 19, 1980?

a. If "yes," approximately how many shipments were made?

13

(4) Approximately how many hazardous waste shipments off site have been made since November 19, 1980?

13

a. Does it appear from the available information that there is a manifest copy available for each hazardous waste shipment?

Y

all Gen. on site on receiving from customers

b. If "no" or "don't know," please elaborate.



c. Does each manifest (or a representative sample) have the following information?

- a manifest document number
- the generator's name, mailing address, telephone number, and EPA identification number
- the name, and EPA identification number of each transporter
- the name, address and EPA identification number of the designated facility and an alternate facility, if any:

- a description of the wastes (DOT) *In Not sure if Ink Waste a proper DOT ship. name.*

- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle

- a certification that the materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation under regulations of the Department of Transportation and the EPA

(5) Have there any hazardous wastes stored on site at the time of the inspection?

a. If "yes," do they appear properly packaged (if in containers) or, if in tanks, are the tanks secured?

b. If not properly packaged or in secure tanks, please explain.

c. Are containers clearly marked and labeled?

d. Do any containers appear to be leaking?

e. If "yes," approximately how many?

YES  
NO  
DON'T KNOW

(6) Has the generator submitted an annual report to EPA covering the previous calendar year?  
 a. How do you know?  
 Mr. Bramante stated that he is not sure of the plant manager submitted the report.

(7) Has the generator received signed copies (from the TSD facility) of all manifests for wastes shipped off site?  
 a. If "no," have Exception Reports been submitted to EPA covering these shipments?

(5) General comments.  
 Sun Chem is a manufacturer of letter paper and wet off set newspaper inks. Inks are based on mineral oil, petroleum oil, and vegetable oil. Mr. Bramante stated that the plant has inks and around 35,000 lbs.

Sun Chem receives waste ink back from their customers when they become too dirty to use or if the company does not need the ink any more. Sun Chem used to dispose of this material at several facilities which are on fallen. 105 in water, Keating, NJ @ SRS Linden, NJ, @ Barrow Barre @ Ocean Paterson, NJ @ Oil Recovery Station, NJ. Best Disposal & Waste Service 2-3 Warren St. Paterson, NJ (mailing address P.O. Box 1611 S. Hackensack, NJ) hauled a shipment of 13 drums to Sun Chem that was rejected due to it being solid [March 1971]. This material was returned to Sun Chem on manifest NJ0005908 (3/11/82). Sun is presently constructing a filtration system to reclaim the waste inks. ~~with objective data for comparison~~ rather than paying for them to be disposed off site. A sludge of heavy ink will be the



-17-

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

RCRA TRANSPORTER INSPECTION CHECKLIST

Transporter Name: Sun Chemical Corporation EPA I.D.: NJ0002007151

Transporter Address: Central Ave. E. Rutherford Driver: N/A  
NJ

- |   | Yes | No  |
|---|-----|-----|
| 1. Does the transporter have an EPA I.D. number?  | (X) | ( ) |
| 2. Is the transporter carrying hazardous waste? haul waste ink from customers to their site in E. Rutherford. | (X) | ( ) |
| 3. Does the transporter have a manifest? manifests are not used   | ( ) | (X) |
| 4. Does the manifest show the following information:  |     |     |
| a. Name, address, I.D. of generator   | ( ) | ( ) |
| b. Name, address, I.D. of transporter   | ( ) | ( ) |
| c. Name, address, I.D. of designated facility   | ( ) | ( ) |
| d. Name of alternative facility   | ( ) | ( ) |
| e. DOT waste description  | ( ) | ( ) |
| f. Quantity of waste-volume, weight, number of containers   | ( ) | ( ) |
| g. Signed certification statement   | ( ) | ( ) |
| 5. Does the manifest information confirm vehicle load?  | ( ) | ( ) |
| 6. Is the vehicle placarded for hazardous waste? metal multi placards.  | (X) | ( ) |

7. General comments:

Sun Chem. transports waste ink from their customers  
(newspaper companies) to their site in E. Rutherford  
for storage or reuse. Sun has a temporary N.J. Haz.  
waste transporter permit for two vehicles. NJ TTB/7/and  
This permit expired April 30, 1982. NJ TTB/7/2.

Inspected by: Alphonse Tammuz, Jr.  
Date: 6-3-82

RCRA TREATMENT, STORAGE AND DISPOSAL FACILITY INSPECTION FORM  
FOR TSD FACILITIES ONLY

COMPANY NAME:

Sun Chemical Corporation

EPA I.D. Number:

115D002007151

COMPANY ADDRESS:

Central Ave. East Rutherford, NJ

COMPANY CONTACT OR OFFICIAL:

Bob Biamonte

OTHER ENVIRONMENTAL PERMITS HELD

BY FACILITY: ☐ NPDES

☐ AIR

☐ OTHER

Mr. Biamonte  
is not sure  
if there is other  
permits.

TITLE:

supervisor.

INSPECTOR'S NAME:

Alphonse Iannuzzi Jr.

DATE OF INSPECTION:

6-3-82

BRANCH/ORGANIZATION:

NEEP

TIME OF DAY INSPECTION TOOK PLACE:

0920 hrs.

(1) Is there reason to believe that the facility has hazardous waste on site?

a. If yes, what leads you to believe it is hazardous waste?  
Check appropriate box:

☒ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

YES NO DON'T  
KNOW

b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

— X —

Please explain:

c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

approx. 150 drums 55 gal. of waste ink  
approx. 25 gal waste naptha (Flammable)

(2) Does the facility generate hazardous waste?

X — —

(3) Does the facility transport hazardous waste?

X — —

(4) Does the facility treat, store or dispose of hazardous waste?

X — —

VISUAL OBSERVATIONS

(5) <u>SITE SECURITY</u> (§265.14)	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	
a. Is there a 24-hour surveillance system?	<u>X</u>	—	—	<i>Security guard, night/weekend</i>
b. Is there a suitable barrier which completely surrounds the active portion of the facility?	<u>X</u>	—	—	
c. Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility? <i>Similar signs</i>	<u>X</u>	—	—	
(6) Are there ignitable, reactive or incompatible wastes on site? (§265.27)	<u>X</u>	—	—	
a. If "YES", what are the approximate quantities?				<i>25 gallons of naphtha, more than 1 drum.</i>
b. If "YES", have precautions been taken to prevent accidental ignition or reaction of ignitable or reactive waste?	<u>X</u>	—	—	
c. If "YES", explain <i>no smoking signs, safety meeting</i>				
d. In your opinion, are proper precautions taken so that these wastes do not:				
- generate extreme heat or pressure, fire or explosion, or violent reaction?	<u>X</u>	—	—	
- produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health?	<u>X</u>	—	—	
- produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosions?	<u>X</u>	—	—	
- damage the structural integrity of the device or facility containing the waste?	<u>X</u>	—	—	
- threaten human health or the environment?	<u>X</u>	—	—	

Please explain your answers, and comment if necessary.

- e. Are there any additional precautions which you would recommend to improve hazardous waste handling procedures at the facility?

*clean up spills promptly, label and date all drums.*

- (7) Does the facility comply with preparedness and prevention requirements including maintaining: (§265.32)

- |   | YES      | NO       | DON'T KNOW |
|---|----------|----------|------------|
| - an internal communications or alarm system?   | <u>X</u> | —        | —          |
| - a telephone or other device to summon emergency assistance from local authorities?                                    | <u>X</u> | —        | —          |
| - portable fire equipment?  | <u>X</u> | —        | —          |
| - adequate aisle space? <i>3 stacked high on pallets, no aisles</i>   | —        | <u>X</u> | —          |
| - in your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. | <u>X</u> | —        | —          |

*all procedures are necessary.*

In your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain.

- \* (8) Have you inspected to verify that the groundwater monitoring wells (if any) mentioned in the facility's groundwater monitoring plan (see no. 19 below) are properly installed? — — — *n/a*

If you have, please comment, as appropriate.

- (9) a. Is there any reason to believe that groundwater contamination already exists from this facility? If "YES", explain. X — —
- b. Do you believe that operation of this facility may affect groundwater quality? X — —
- c. If "YES", explain.

*If spillage along R&R tracks are not promptly cleaned up ground and surface water contamination may continue*

RECORDS INSPECTION

- (10) Has the facility received hazardous waste from an off-site source since Nov. 19, 1980 (effective date of the regulations)? — — X

*waste and may not be hazardous.*

- a. If "YES", does it appear that the facility has a copy of a manifest for each hazardous waste load received? *use shipping documents for waste ink returned from customs.* — X —
- b. How many post-November 19 manifests does it have? (If the number is large, you may estimate) *waste is nine - only generated/manifested.*
- c. Does each manifest (or a representative sample) have the following information? *See Gen check list*

- a manifest document number *n/a* — — —

\* This requirement applies only after November 19, 1981.

YES	NO	DON'T KNOW
-----	----	---------------

- |  |   |   |   |
|--|---|---|---|
| - the generator's name, mailing address, telephone number, and EPA identification number   | — | — | — |
| - the name, and EPA identification number of each transporter  | — | — | — |
| - the name, address and EPA identification number of the designated facility and an alternate facility, if any;  | — | — | — |
| - a DOT description of the wastes  | — | — | — |
| - the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle  | — | — | — |
| - a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA | — | — | — |
| d. Are there any indications that unmanifested hazardous wastes have been received since November 19, 1980? If YES, explain.   | — | — | — |

(11) Does the facility have a written waste analysis plan specifying test methods, sampling methods and sampling frequency? (§265.13)

- a. Does the character of wastes handled at the facility change from day to day, week to week, etc., thus requiring frequent testing?

(You may check more than one)

Waste characteristics vary \_\_\_\_\_

All wastes are basically the same ☒

Company treats all waste as hazardous ☒

Don't Know \_\_\_\_\_

Mr. Biamonte does not know if San has one.

treat all ink as haz.

- b. Does hazardous waste come to this facility from off-site sources? *Washink does but this may not be hazardous*

- c. If waste comes from an off-site source, are there procedures in the plan to insure that wastes received conform to the accompanying manifest?

(12) INSPECTIONS (§265.15)

- a. Does the facility have a written inspection schedule?

- b. Does the schedule identify the types of problems to be looked for and the frequency for inspections? *N/A*

- c. Does the owner/operator record inspections in a log? *N/A*

- d. Is there evidence that problems reported in the inspection log have not been remedied? *N/A*  
If "YES," please explain.

(13) PERSONNEL TRAINING (§265.16)

a. Is there written documentation of the following:

- job title for each position at the facility related to hazardous waste management and the name of the employee filling each job?        X       

*have task analysis forms, but they do not mention hazardous waste management.*

- type and amount of training to be given to personnel in jobs related to hazardous waste management?        X       

*have job training for safety matters for each employee.*

- actual training or experience received by personnel?        X       

*job training forms.*

*not specifically for haz. waste but general safety training.*

(14) Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosion or any unplanned release of hazardous waste?        X       

*have a fire brigade*

a. Does the plan describe arrangements made with local authorities?        W/A       

b. Has the contingency plan been submitted to local authorities?        W/A       

How do you know?

c. Does the plan list names, addresses, and phone numbers of Emergency Coordinators?        W/A       

d. Does the plan have a list of what emergency equipment is available?        X       

*have a separate list of emergency equipment.*

e. Is there a provision for evacuating facility personnel?        X       

*have a separate plan.*

f. Was an Emergency Coordinator present or on call at the time of the inspection?        X       

(15) Does the owner/operator keep a written operating record with: (§265.73)

- a description of wastes received with methods and dates of treatment, storage or disposal?        X       

*have log for receiving waste.*

- location and quantity of each waste?        X       

- detailed records and results of waste analysis and treatability tests performed on wastes coming into the facility?        X       

*Some material sold to customers is received.*

- detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan?        W/A       

*Shipping forms has log and is on site during inspection.*

*no plan.*

\*(16) Does the facility have written closure and post-closure plans? (§265.110)        X       

a. Does the written closure plan include:

- a description of how and when the facility will be partially (if applicable) and ultimately closed?        W/A

- |  |   |   |   |
|--|---|---|---|
| - an estimate of the maximum inventory of wastes in storage or treatment at any time during the life of the facility?  | — | — | — |
| - a description of the steps necessary to decontaminate facility equipment during closure?   | — | — | — |
| - a schedule for final closure including the anticipated date when wastes will no longer be received and when final closure will be completed?   | — | — | — |
| b. What is the anticipated date for final closure?   | — | — | — |
| tc. Does the owner/operator have a written post-closure plan identifying the activities which will be carried on after closure and the frequency of these activities?  | — | — | — |
| d. Does the written post-closure plan include:   |   |   |   |
| - a description of planned groundwater monitoring activities and their frequencies during post-closure?  | — | — | — |
| - a description of planned maintenance activities and frequencies to ensure integrity of final cover during post-closure?  | — | — | — |
| - the name, address and phone number of a person or office to contact during post-closure?   | — | — | — |
| *(17) Does the owner/operator have a written estimate of the cost of closing the facility? (§265.142) What is it?  | — | — | — |
| *(18) Does the owner/operator have a written estimate of the cost for post-closure monitoring and maintenance? What is it? (§265.144)  | — | — | — |
| *(19) Has a groundwater monitoring plan been submitted to the Regional Administrator for facilities containing a surface impoundment, landfill or land treatment process? (This requirement does not apply to recycling facilities.) (§265.90) | — | — | — |
| a. Does the plan indicate that at least one monitoring well has been installed hydraulically upgradient from the limit of the waste management area?   | — | — | — |
| b. Does the plan indicate that there are at least three monitoring wells installed hydraulically downgradient at the limit of the waste management area?   | — | — | — |

N/A

N/A

† This section applies only to disposal facilities.

\* Effective date for this requirement is May 19, 1981.

SITE-SPECIFIC

please circle all appropriate activities and answer questions on indicated pages for all activities circled. When you submit your report, include only those site-specific pages that you have used.

<u>STORAGE</u>	<u>TREATMENT</u>	<u>DISPOSAL</u>
Waste Pile p. 9	Tank p. 8	Landfill pp. 10-11
Surface Impoundment p. 8	Surface Impoundment pp. 8-9	Land Treatment pp. 9, 10
Container p. 7	Incineration pp. 12-13	Surface Impoundment p. 8
Tank, above ground p. 8	Thermal Treatment pp. 12-13	Other _____
Tank, below ground p. 8	Land Treatment pp. 9-10	
Other _____	Chemical, Physical p. 13 and Biological Treatment (other than in tanks, surface impoundment or land treatment facilities)	YES NO DON'T KNOW

Other filtration of waste inks: filtration system is under construction

CONTAINERS (\$265.170)

- Are there any leaking containers?  
If "YES", explain.   X
- Are there any containers which appear in danger of leaking?  
If "YES", explain.   X
- Do wastes appear compatible with container materials?   X
- Are all containers closed except those in use?   X
- Do containers appear to be opened, handled or stored in a manner which may rupture the containers or cause them to leak?   X
- How often does the plant manager claim to inspect container storage areas? an official recorded inspection once per month, once per week safety inspections without being recorded,
- Does it appear that incompatible wastes are being stored in close proximity to one another?  
If "YES", explain.   X
- Are containers holding ignitable or reactive wastes located at least 15 meters (50 feet) from the facility's property line?   X
- What is the approximate number and size of containers with hazardous wastes?  
150 drums 55 gallons each.  
most drums are full some may be empty or partially full.





I.D. - FOR OFFICIAL USE ONLY

5	W	U	J	D	0	0	2	0	0	7	1	5	1	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F002	F003	F005			
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K086					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U069	U220	U002			
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)☒ 2. CORROSIVE  
(D002)☐ 3. REACTIVE  
(D003)☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME &amp; OFFICIAL TITLE (type or print)

DATE SIGNED

Peter Vincelli

Peter Vincelli  
PLANT MANAGER

8/7/80

ap

DATE RETURNED \_\_\_\_\_  
REASON \_\_\_\_\_

☐ ACKNOWLEDGEMENT SENT

*Complete*

INTERNAL CHECKLIST

ID # NJD002007151

*III \**

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐

(2) FORM 3 MISSING ☐

B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid ☐

C. (1) DATE of OPERATION MISSING ☐

(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐

(i) NON-ACCELERATOR  
D. (2) NOTIFIED after AUGUST 18, 1980 ☐ Valid ☐

E. (1) FORM 1, VIII B SIGNATURE MISSING ☐

(2) FORM 3, IX B SIGNATURE MISSING ☐

2. { A. HANDLER ☐

B. NONREGULATED ☐

C. UNSURE ☐

D. UNKNOWN FACILITY ☐  
(missing name and address on Form 3)

E. NEW FACILITY > NOV. 19, 1980 ☐

F. CORE ITEM(S) MISSING ☐

G. NON-CORE ITEM(S) MISSING ☐

H. OTHER ☐

\* MISSING :

MAP ☐

DRAWING ☒

PHOTO ☒

*AOK*

Print or type in the unshaded areas only  
-in areas are spaced for elite type, i.e., 12 characters/inch.

Form Approved OMB No. 158-R0175

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		A.I.D. NUMBER	
I. EPA I.D. NUMBER		NJ0002007151		F 1 2 3 4 5	
III. FACILITY NAME		SUN CHEMICAL CORP			
V. FACILITY MAILING ADDRESS		330 CENTRAL AVENUE E RUTHERFORD, NJ 07073			
VI. FACILITY LOCATION		390 CENTRAL AVENUE E RUTHERFORD, NJ 07073			

**GENERAL INSTRUCTIONS**  
If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	SUN CHEMICAL CORP - GPI DIVISION
---	------	----------------------------------

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	AITORO PETER SAF/HEALTH MGR	201	933 4500

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	390 CENTRAL AVENUE	4	E. RUTHERFORD	NJ	07073

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	SAME 390 CENTRAL AVENUE	6	BERGEN	E. RUTHERFORD	NJ	07073		

**VII. SIC CODES** (4-digit, in order of priority,

VIII. OPERATOR INFORMATION									
A. NAME									
8	SUN CHEMICAL CORP								

B. Is the name listed in Item VIII-A also the owner?

☒ YES ☐ NO

E. STREET OR P.O. BOX	
200 PARK AVENUE - PAN AM BLDG.	

15	16	-	40	41	42	47	-	51
----	----	---	----	----	----	----	---	----

X. EXISTING ENVIRONMENTAL PERMITS					

B. UIC (Underground Injection of Fluids)						E. OTHER (specify)						
C	T	I				C	T	I				(specify)
9	U					9						

15	16	17	18	-	30	15	16	17	18	-	30
----	----	----	----	---	----	----	----	----	----	---	----

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

## MANUFACTURE AND DISTRIBUTION OF PRINTING INKS

$$F_9: \frac{A}{S_1}$$

**XIII. CERTIFICATION** (see instructions)

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

COMMENTS FOR OFFICIAL USE ONLY

Print or type in the unshaded areas only.  
If in areas are spaced for elite type, i.e., 12 characters per inch).

Form Approved OMB No. 158-S80004

FORM  
3  
RCRA



U.S. ENVIRONMENTAL PROTECTION AGENCY  
**HAZARDOUS WASTE PERMIT APPLICATION**  
Consolidated Permits Program  
(This information is required under Section 3005 of RCRA.)

EPA I.D. NUMBER

5  
F NJD0002007151 31  
1 2 13 14 15

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
	801119	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS.....	G	LITERS PER DAY.....	V	ACRE-FEET.....	A
LITERS.....	L	TONS PER HOUR.....	D	HECTARE-METER.....	F
CUBIC YARDS.....	Y	METRIC TONS PER HOUR.....	W	ACRES.....	B
CUBIC METERS.....	C	GALLONS PER HOUR.....	E	HECTARES.....	Q
GALLONS PER DAY.....	U	LITERS PER HOUR.....	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	C	DUP	T/A	C	1		
1	2		13	14	15		
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)				1. AMOUNT	
						2. UNIT OF MEAS- URE (enter code)	
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 1	200000000	G	7			
2				8			
3				9			
4				10			

Continued from the front.

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W N J D 0 0 2 0 0 7 1 5 1 3 1													W DUP 3 2 DUP												

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES											
				1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
1	D001	700,000000	P	501											
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
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17															
18															
19															
20															
21															
22															
23															
24															
25															
26															

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)											
S	T	A	C								
F	N	J	D	0	0	2	0	0	7	1	5
										3	6

FG:  $\frac{N}{55}$

FG:  $\frac{N}{56}$

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
40 50 190										074 06 120									

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)									
E										55 56 - 58 59 - 61 62 - 65									
3. STREET OR P.O. BOX										4. CITY OR TOWN									
F										5. ST. 6. ZIP CODE									
G										40 41 42 43 - 45 46 - 48 49 - 51									

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Daniel J. Carlick	Daniel J. Carlick	11/18/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

Sun Chemical Corporation



News Ink Division  
General Printing Ink

310  
400 Central Avenue  
East Rutherford,  
New Jersey 07073  
(201) 935-8666

April 13, 1981

Ms. R. Phillips  
Information Service Center  
EPA Region 11  
26 Federal Plaza  
New York, New York 10278

RE: Federal EPA - Hazardous  
Waste A Permit Application

Dear Ms. R. Phillips:

Enclosed are the photographs and facility drawings which were required but not submitted with the Hazardous Waste A Permit Application.

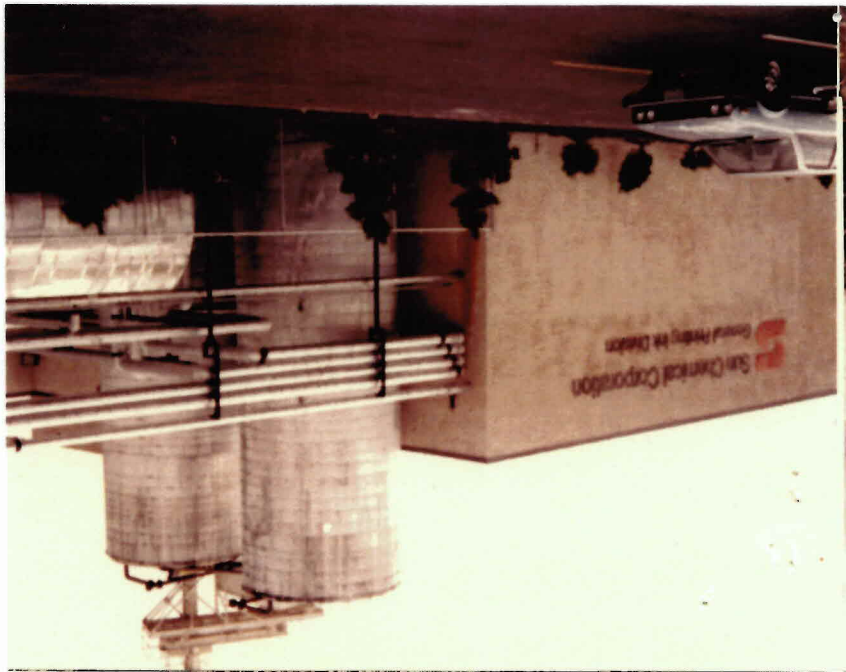
Our facility identification number is NJD-002007151.

If any additional information is required, please contact me, and I will forward it immediately.

Thank you. I remain.

Very truly yours,

Pete J. Vincelli  
Plant Manager  
(201) 438-4046





ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NJD002007151

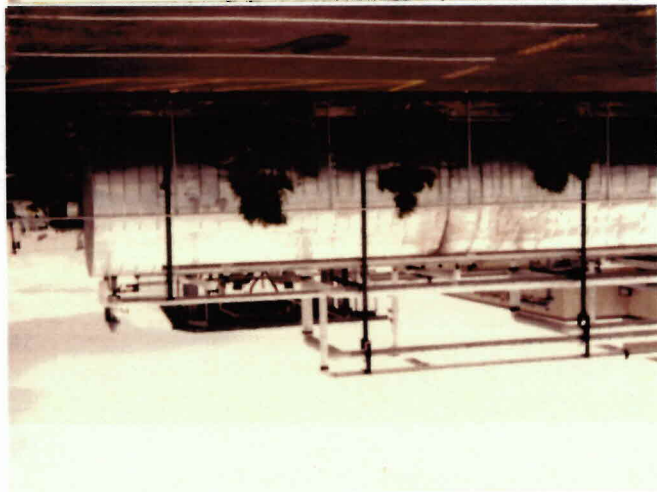
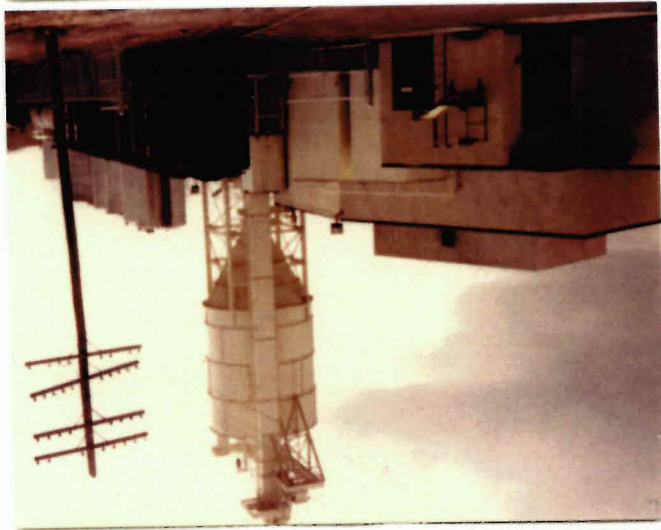
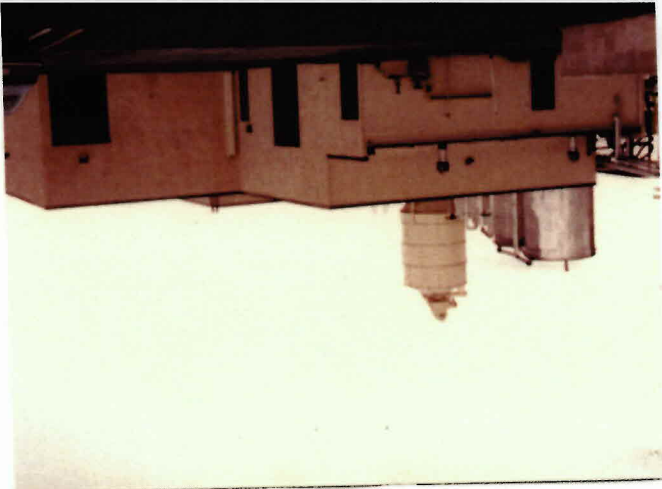
SUN CHEMICAL CORP  
390 CENTRAL AVENUE  
E RUTHERFORD

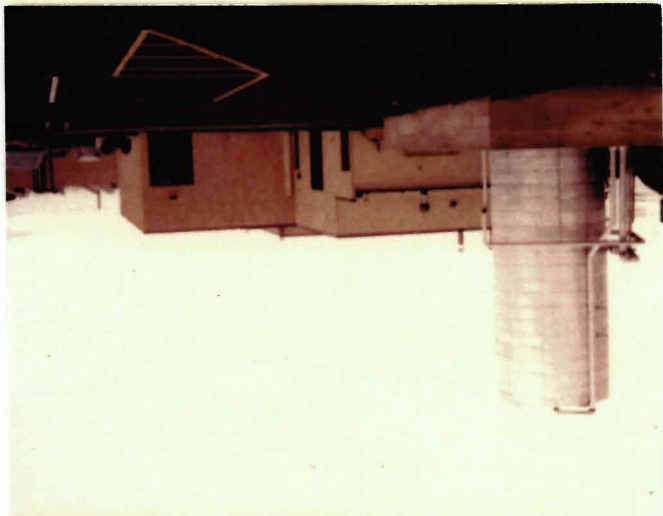
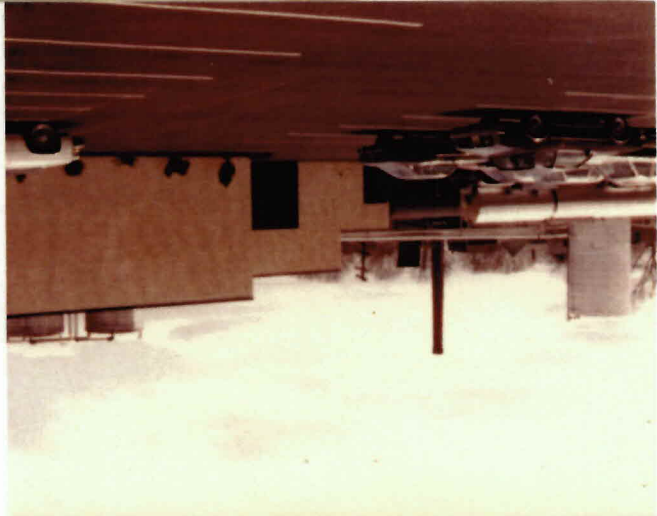
NJ 07073

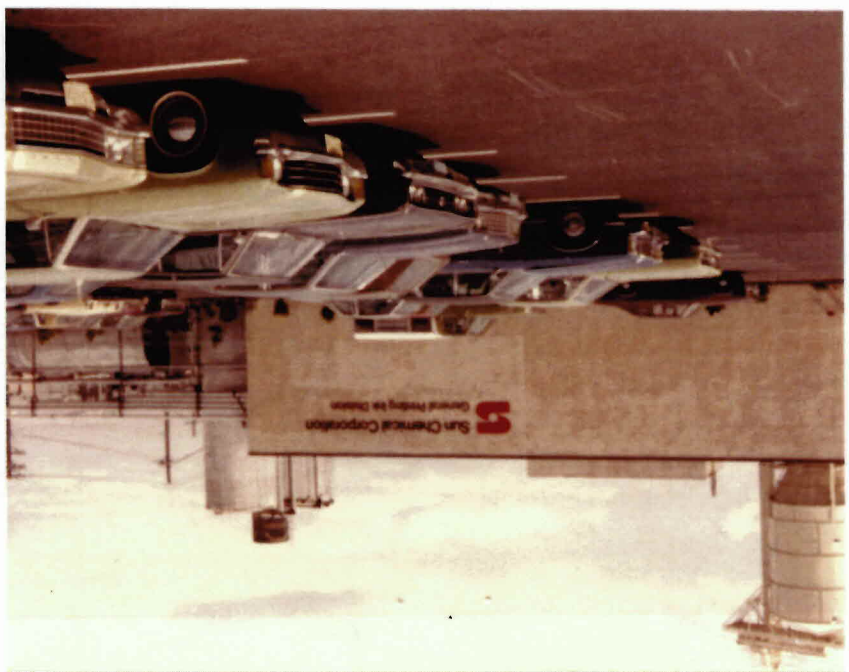
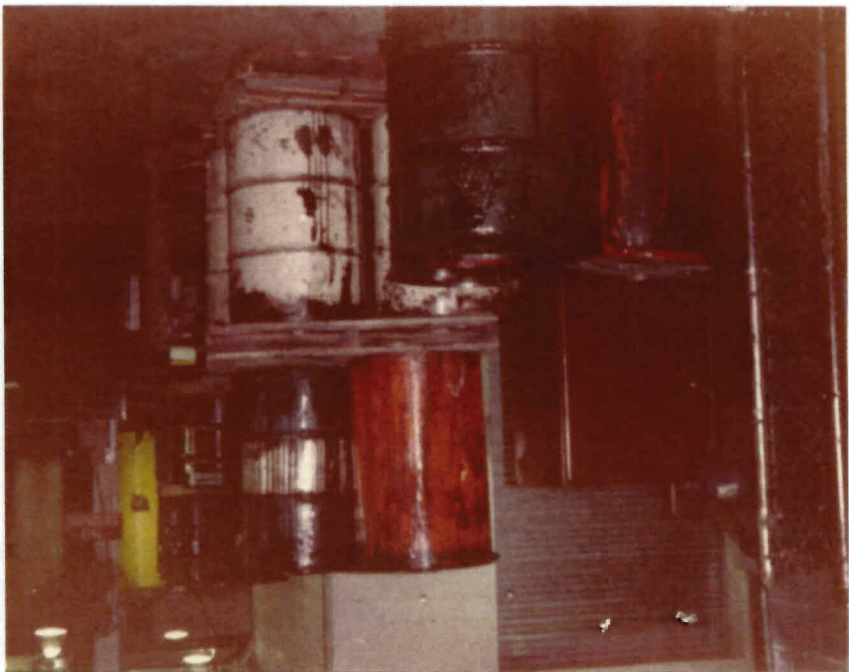
INSTALLATION ADDRESS

390 CENTRAL AVENUE  
E RUTHERFORD

NJ 07073







# RESPONDENT CONTACT RECORD (RCR)

FACILITY ID NUMBER				COMPANY NAME			
NJ D 0 0 2 0 0 7 1 5 1				Sun Chemical Corp.			
COMPANY ADDRESS				CITY		STATE ABBREV.	ZIP CODE
390 Central Avenue				E. Rutherford		NJ	07073
CONTACT PERSON'S NAME/TITLE						TELEPHONE NUMBER (INCLUDE AREA CODE)	
Peter Aitona						201 933-4500	
CONTACT RECORD							
DATE	CONTRACTOR'S INITIALS	ITEMS DISCUSSED/RESOLUTION					
3/20	RP	Need drawing + photograph. Will call back					
		will send in the mail by april 1 need 4/27					
		Amendments made					
		1/24/87 RC					

SUN CHEMICAL



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT

32 E. Hanover St., CN 027, Trenton, N.J. 08625

JACK STANTON  
DIRECTOR

LINO F. PEREIRA  
DEPUTY DIRECTOR

03 MAR 1983

Sun Chemical Corp.  
GPI Division  
390 Central Avenue  
East Rutherford, Nj 07073

RE: Facility Operating Status

Dear Sir:

gh  
HWOMs  
3/10/83

The Bureau of Hazardous Waste Engineering has reviewed your company's response to the Notice of Violation, Failure to Submit Annual Report. The Bureau finds that the response contains adequate information to determine the operating status of this facility with respect to N.J.A.C. 7:26-1 et seq., the New Jersey Hazardous Waste Management Regulations. The Bureau has determined that the company's hazardous waste treatment, storage or disposal facility as delineated in the company's RCRA Part A application and identified by the following EPA ID Number:

EPA ID NO. NJD002007151

has been excluded from regulations under N.J.A.C. 7:26-1.1 et seq. because your facility accumulates hazardous waste on-site for less than 90 days. This exclusion classifies your facility solely as a generator provided the following conditions are complied with:

1. All such waste is, within 90 days or less, shipped off-site to an authorized facility or placed in an on-site authorized facility, as defined at N.J.A.C. 7:26-1.4.
2. The waste is placed in containers which meet the standards of N.J.A.C. 7:26-7.2 and are managed in accordance with N.J.A.C. 7:26-9.4(d).
3. The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.
4. The generator complies with the requirements for owners and operators of N.J.A.C. 7:26-9.6 and 9.7 concerning preparedness and prevention, contingency plans and emergency procedures as well as N.J.A.C. 7:26-9.4(g) concerning personnel training.

5. For bulk accumulation of dry hazardous waste materials, the waste pile is managed according to the following:
- (i) The waste pile is no larger than 200 cubic yards; and
  - (ii) The pile shall be placed on an impermeable base that is compatible with the waste; and
  - (iii) Run-on shall be diverted away from the pile; and
  - (iv) Any leachate and run-off from the pile must be collected and managed as a hazardous waste.

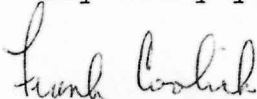
This written acknowledgement of the exclusion of the above identified facility from N.J.A.C. 7:26-1 et seq. is based expressly on the review of the aforementioned correspondence. This letter makes no claim as to the extent and physical condition of the actual hazardous waste activities occurring at the site mentioned above.

Your company's hazardous waste facility above is no longer included in DEP's list of "existing facilities" (see N.J.A.C. 7:26-1.4 and 12.3) and therefore does not need to conform with the interim operating requirements of N.J.A.C. 7:26-1 et seq. for "existing facilities" which would include the TSD facility annual report. It is the company's responsibility to operate within the conditions listed above. To operate a hazardous waste facility without prior approval from the DEP is a violation of the Solid Waste Management Act N.J.S.A. 13:1E-1 et seq.

As a result of the conclusions previously made, the Notice of Violation entitled "Failure to Submit Annual Report" signed by Mr. David Shotwell is rescinded and need not be complied with.

If you have any questions on this matter, please call my office at (609) 292-9880.

Very truly yours,



Frank Coolick, Chief  
Bureau of Hazardous Waste Engineering

FC:jb

cc Dave Shotwell  
NJDEP, Division of Waste Management

Tom Taccone  
USEPA, Region II

52

Name of Facility - San chemical corporation

RCRA ID - NSD002027131

Date of Inspection - 6-3-82

Type of Inspection:

Name of EPA/State Inspector -

Generator

Transporter

TSD

Al Iannuzzi, DEP

Findings of Inspection:

263, - contains not clearly marked.

265, 13 - no waste analysis plan.

265, 15 - no inspections

265, 16 - no person, Train.

265, 51 - no contingency plan.

Action(s) Taken:

None, told San to clean up

Action(s) Recommended:

Issue complaint for spillage. if sample > H<sub>2</sub>S  
HAZ. WAZ.

PERMITS ADMIN. BRANCH  
REGION 10  
JUL 20 3 10 PM '82  
ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, N.Y. 10007

JUL 20 3 10 PM '82  
ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, N.Y. 10007

RCRA GENERATOR INSPECTION FORM

COMPANY NAME:

Sun Chemical Corporation, GPI News Ink

EPA I.D. NUMBER:

NJ0002007151

COMPANY ADDRESS:

Central Ave. East Rutherford

COMPANY CONTACT OR OFFICIAL:

Bob Diamante

INSPECTOR'S NAME:

Alphonse Iannuzzi, Jr.

TITLE:

Supervisor

BRANCH/ORGANIZATION:

N.J. DEP

CHECK IF FACILITY IS ALSO A TSD

FACILITY ☒

DATE OF INSPECTION:

6-3-82

YES

NO

DON'T  
KNOW

(1) Is there reason to believe that the facility has hazardous waste on site? ☒ YES ☐ NO ☐ DON'T KNOW

a. If yes, what leads you to believe it is hazardous waste?  
Check appropriate box:

☒ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

F002, F003, F005,  
K086, U069, U220,  
U002.

I, C, T.  
above are listed on  
Part A permit due to  
most of  
these materials once used  
at this plant. These  
processes have been  
moved to another  
plant in Teterboro.

YES NO DON'T  
KNOW

- b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

— X —

Please explain:

- c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

approx. 25 gals of flammable naptha from lab.

approx. 150, 55 gallon drums of work off ink (waste ink, etc)

- d. Describe the activities that result in the generation of hazardous waste.

① Laboratory use of naptha (Q.C. and R & D)

② Laboratory ink samples, non-flammable

③ Line endings from manufacturing inks, left over from production

④ Dirty inks from customers (work off, unused inks)

- (2) Is hazardous waste stored on site?

- a. What is the longest period that it has been accumulated?

Mr. Biamonte stated that he is not sure of this period. The last manifested shipment off site was in Jan. 8 1982

- b. Is the date when drums were placed in storage marked on each drum? no drums are dated

- (3) Has hazardous waste been shipped from this facility since November 19, 1980?

X — —

- a. If "yes," approximately how many shipments were made?

13

- (4) Approximately how many hazardous waste shipments off site have been made since November 19, 1980?

13

- a. Does it appear from the available information that there is a manifest copy available for each hazardous waste shipment that has been made?

all Gen. on site or received from customers

- b. If "no" or "don't know," please elaborate.

YES ☒ NO ☒ DON'T KNOW ☐

c. Does each manifest (or a representative sample) have the following information?

- a manifest document number

- the generator's name, mailing address, telephone number, and EPA identification number

- the name, and EPA identification number of each transporter

- the name, address and EPA identification number of the designated facility and an alternate facility, if any:

- a description of the wastes (DOT)

- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle

- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA

- the name, address and EPA identification number of the transporter

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- the name, address and EPA identification number of the transporter

(6) Has the generator submitted an annual report to EPA covering the previous calendar year?  
 a. How do you know?  
 Mr. Biamonte stated that he is not sure if the plant manager submitted the report.

(7) Has the generator received signed copies (from the TSD facility) of all manifests for wastes shipped off site more than 35 days ago?  
 a. If "no," have Exception Reports been submitted to EPA covering these shipments?

(8) General comments.  
 San don is a manufacturer of letter paper and web off set newspaper inks. Inks are based on mineral oil, petroleum oil, and vegetable oil. Mri Biamonte stated that the plant has inks and around 35000.

San don receives waste ink back from their customers when they become to dirty to use or if the company does not need the ink anymore. San used to dispose of this material at several facilities which are as follows: 1. 5 in waste Kean, NJ 2. SRS Linden, NJ 3. Barone Barre & Drain Paterson, NJ 4. Oil Recovery (mailing address P.O. Box 1611 S. Hackensack, NJ) hauled a shipment of 13 drums to San that was rejected due to it being solid (N500019712) (3/11/82). This material was returned to San on manifest N50005908 (3/12/82). San is presently constructing a filtration system to reclaim the waste inks rather than paying for them to be disposed off site. A sludge of heavy ink will be the

only ~~work~~ from this process to be disposed off site.

Two shipping documents, from the my Tins, work ink sent to San as attached, Mr. Bieamonte does not know if any other customer presently ~~uses~~ then work to San.

Mr. Bieamonte is not sure what San does with their work cloth filter ~~and~~ contaminated with ink.

Inspection of the facility indicated that:

① a wet ground and black oily solid under it was noted <sup>seeds</sup> behind the pump room (335' x 10'), ② Black solid (only sludge) was piled along the length of the R.R. tracks, Mr. Bieamonte stated that this was spill material cleaned out from under the rail road tracks as a result of a R.R. inspection made by the inspector about 1 year ago ③ A black oily liquid spilled next to the roll off on central area (336' x 12') was noted. Mr. Bieamonte stated that this was being cleaned up during the inspection. Mr. Bieamonte stated that he did not know when San could clean up these spills. Mr. Vincelli, plant manager, would have to be contacted to determine this. All information that Mr. Bieamonte did not know can be obtained by Mr. Vincelli.

Two samples and 6 photos were taken. Sample data sheet will be attached to this report.



-17-

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

RCRA TRANSPORTER INSPECTION CHECKLIST

Transporter Name: Sun Chemical Corporation EPA I.D.: NJ0002007151

Transporter Address: Central Ave. E. Rutherford Driver: N/A  
NJ

- |   | Yes | No  |
|---|-----|-----|
| 1. Does the transporter have an EPA I.D. number?  | (X) | ( ) |
| 2. Is the transporter carrying hazardous waste? haul waste ink from customers to their site in E. Rutherford. | (X) | ( ) |
| 3. Does the transporter have a manifest? manifests are not used   | ( ) | (X) |
| 4. Does the manifest show the following information:  |     |     |
| a. Name, address, I.D. of generator   | ( ) | ( ) |
| b. Name, address, I.D. of transporter   | ( ) | ( ) |
| c. Name, address, I.D. of designated facility   | ( ) | ( ) |
| d. Name of alternative facility   | ( ) | ( ) |
| e. DOT waste description  | ( ) | ( ) |
| f. Quantity of waste-volume, weight, number of containers   | ( ) | ( ) |
| g. Signed certification statement   | ( ) | ( ) |
| 5. Does the manifest information confirm vehicle load?  | ( ) | ( ) |
| 6. Is the vehicle placarded for hazardous waste? metal multi placards.  | (X) | ( ) |

7. General comments:

Sun Chem. transports waste ink from their customers  
(newspaper companies) to their site in E. Rutherford  
for storage or reuse. Sun has a temporary NJ Haz.  
waste transporter permit for two vehicles. NJ TTB/7 and  
This permit expired April 30, 1982. NJ TTB/72.

Inspected by: Alphonse Tannuzzi Jr.  
Date: 6-3-82

RCRA TREATMENT, STORAGE AND DISPOSAL FACILITY INSPECTION FORM  
FOR TSD FACILITIES ONLY

COMPANY NAME:

Sun Chemical corporation

EPA I.D. Number:

115D002007151

COMPANY ADDRESS:

Central Ave. East Rutherford, NJ

COMPANY CONTACT OR OFFICIAL:

Bob Biamonte

OTHER ENVIRONMENTAL PERMITS HELD

BY FACILITY: ☐ NPDES

☐ AIR

☐ OTHER

Mr. Biamonte  
is not sure  
if there is other  
permits

TITLE:

supervisor

INSPECTOR'S NAME:

Alphonse Iannuzzi Jr.

DATE OF INSPECTION:

6-3-82

BRANCH/ORGANIZATION:

NJ DEP

TIME OF DAY INSPECTION TOOK PLACE:

0920 hrs.

(1) Is there reason to believe that the facility has hazardous waste on site?

a. If yes, what leads you to believe it is hazardous waste?  
Check appropriate box:

☒ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

YES NO DON'T  
KNOW

b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

  X  

Please explain:

c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

approx. 150 drums 55 gal. of waste ink

approx. 25 gal waste naptha (Flammable)

(2) Does the facility generate hazardous waste?

  X        

(3) Does the facility transport hazardous waste?

  X        

(4) Does the facility treat, store or dispose of hazardous waste?

  X

VISUAL OBSERVATIONS

- |   | YES      | NO | DON'T<br>KNOW |
|---|----------|----|---------------|
| (5) <u>SITE SECURITY</u> (§265.14)  |          |    |               |
| a. Is there a 24-hour surveillance system?  | <u>X</u> | —  | —             |
| b. Is there a suitable barrier which completely surrounds the active portion of the facility?                       | <u>X</u> | —  | —             |
| c. Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility?                | <u>X</u> | —  | —             |
| <i>Similar signs</i>  |          |    |               |
| (6) Are there ignitable, reactive or incompatible wastes on site? (§265.27)   | <u>X</u> | —  | —             |
| a. If "YES", what are the approximate quantities?   |          |    |               |
| b. If "YES", have precautions been taken to prevent accidental ignition or reaction of ignitable or reactive waste? | <u>X</u> | —  | —             |
| <i>25 gallons of naptha, more than 1 drum.</i>  |          |    |               |
| c. If "YES", explain  |          |    |               |
| <i>no smoking signs, safety meetings</i>  |          |    |               |
| d. In your opinion, are proper precautions taken so that these wastes do not:                                       |          |    |               |
| - generate extreme heat or pressure, fire or explosion, or violent reaction?  | <u>X</u> | —  | —             |
| - produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health?       | <u>X</u> | —  | —             |
| - produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosions?      | <u>X</u> | —  | —             |
| - damage the structural integrity of the device or facility containing the waste?                                   | <u>X</u> | —  | —             |
| - threaten human health or the environment?   | <u>X</u> | —  | —             |

Please explain your answers, and comment if necessary.

- e. Are there any additional precautions which you would recommend to improve hazardous waste handling procedures at the facility?
- clean up spills promptly, label and date all drums.*
- (7) Does the facility comply with preparedness and prevention requirements including maintaining: (§265.32)

YES	NO	DON'T KNOW
-----	----	---------------

- an internal communications or alarm system? ☒ ☐ ☐
- a telephone or other device to summon emergency assistance from local authorities? ☒ ☐ ☐
- portable fire equipment? ☒ ☐ ☐
- adequate aisle space? *3 stacked high on pallets, no aisles* ☐ ☒ ☐
- in your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. ☒ ☐ ☐

*all procedures are necessary.*

In your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain.

- \* (8) Have you inspected to verify that the groundwater monitoring wells (if any) mentioned in the facility's groundwater monitoring plan (see no. 19 below) are properly installed? ☐ ☐ ☐ *n/a*

If you have, please comment, as appropriate.

- (9) a. Is there any reason to believe that groundwater contamination already exists from this facility? ☒ ☐ ☐  
If "YES", explain.

- b. Do you believe that operation of this facility may affect groundwater quality? ☒ ☐ ☐

- c. If "YES", explain.

*If spillage along R&R tracks are not promptly cleaned up ground and surface water contamination may continue.*  
RECORDS INSPECTION

- (10) Has the facility received hazardous waste from an off-site source since Nov. 19, 1980 (effective date of the regulations)? ☐ ☐ ☒ *waste ink may not be hazardous.*

- a. If "YES", does it appear that the facility has a copy of a manifest for each hazardous waste load received? *use shipping documents for waste ink returned from customers* ☐ ☒ ☐

- b. How many post-November 19 manifests does it have? (If the number is large, you may estimate) *waste is none - only generated/manifested.*

- c. Does each manifest (or a representative sample) have the following information? *See Gen check list*

- a manifest document number *n/a* ☐ ☐ ☐

YES	NO	DON'T KNOW
-----	----	---------------

- |  |   |   |   |
|--|---|---|---|
| - the generator's name, mailing address, telephone number, and EPA identification number   | — | — | — |
| - the name, and EPA identification number of each transporter  | — | — | — |
| - the name, address and EPA identification number of the designated facility and an alternate facility, if any;  | — | — | — |
| - a DOT description of the wastes  | — | — | — |
| - the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle  | — | — | — |
| - a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA | — | — | — |
| d. Are there any indications that unmanifested hazardous wastes have been received since November 19, 1980? If YES, explain.   | — | — | — |

(11) Does the facility have a written waste analysis plan specifying test methods, sampling methods and sampling frequency? (§265.13)

- a. Does the character of wastes handled at the facility change from day to day, week to week, etc., thus requiring frequent testing?  
(You may check more than one)

Waste characteristics vary \_\_\_\_\_

All wastes are basically the same ☒

Company treats all waste as hazardous ☒

Don't Know \_\_\_\_\_

*Mr. Biamonte does not know if San has one.*

*treat all ink as haz.*

- b. Does hazardous waste come to this facility from off-site sources? *Waste ink does.*

- c. If waste comes from an off-site source, are there procedures in the plan to insure that wastes received conform to the accompanying manifest? *but this may not be hazardous.*

(12) INSPECTIONS (§265.15)

- a. Does the facility have a written inspection schedule?

- b. Does the schedule identify the types of problems to be looked for and the frequency for inspections? *N/A*

- c. Does the owner/operator record inspections in a log? *N/A*

- d. Is there evidence that problems reported in the inspection log have not been remedied? *N/A*  
If "YES," please explain.

(13) PERSONNEL TRAINING (§265.16)

a. Is there written documentation of the following:

- job title for each position at the facility related to hazardous waste management and the name of the employee filling each job? — X —

- type and amount of training to be given to personnel in jobs related to hazardous waste management? — X —

- actual training or experience received by personnel? — X —

*have task analysis forms, but they do not mention hazardous waste management.*

*have job training for safety matters to each employee. job training forms.*

*not specifically for haz. waste but general safety training.*

(14) Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosion or any unplanned release of hazardous waste? — X —  
(§265.51) *have a fire brigade*

a. Does the plan describe arrangements made with local authorities? — N/A —

b. Has the contingency plan been submitted to local authorities? — N/A —

How do you know?

c. Does the plan list names, addresses, and phone numbers of Emergency Coordinators? — N/A —

d. Does the plan have a list of what emergency equipment is available? — X —

e. Is there a provision for evacuating facility personnel? — X —

f. Was an Emergency Coordinator present or on call at the time of the inspection? — X —

*have a separate list of emergency equipment.*

*have a separate plan.*

(15) Does the owner/operator keep a written operating record with: (§265.73)

- a description of wastes received with methods and dates of treatment, storage or disposal? — X —

- location and quantity of each waste? — X —

- detailed records and results of waste analysis and treatability tests performed on wastes coming into the facility? — X —

- detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan? — N/A —

*have log for receiving waste.*

*Some material sold to customer is received.*

*Shipping forms has log and is ret on site during inspection.*

*no plan.*

\*(16) Does the facility have written closure and post-closure plans? (§265.110) — X —

a. Does the written closure plan include:

- a description of how and when the facility will be partially (if applicable) and ultimately closed? — N/A —

- |  |   |   |   |
|--|---|---|---|
| - an estimate of the maximum inventory of wastes in storage or treatment at any time during the life of the facility?  | — | — | — |
| - a description of the steps necessary to decontaminate facility equipment during closure?   | — | — | — |
| - a schedule for final closure including the anticipated date when wastes will no longer be received and when final closure will be completed?   | — | — | — |
| b. What is the anticipated date for final closure?   | — | — | — |
| 1c. Does the owner/operator have a written post-closure plan identifying the activities which will be carried on after closure and the frequency of these activities?  | — | — | — |
| d. Does the written post-closure plan include:   |   |   |   |
| - a description of planned groundwater monitoring activities and their frequencies during post-closure?  | — | — | — |
| - a description of planned maintenance activities and frequencies to ensure integrity of final cover during post-closure?  | — | — | — |
| - the name, address and phone number of a person or office to contact during post-closure?   | — | — | — |
| *(17) Does the owner/operator have a written estimate of the cost of closing the facility? (§265.142) What is it?  | — | — | — |
| *(18) Does the owner/operator have a written estimate of the cost for post-closure monitoring and maintenance? What is it? (§265.144)  | — | — | — |
| *(19) Has a groundwater monitoring plan been submitted to the Regional Administrator for facilities containing a surface impoundment, landfill or land treatment process? (This requirement does not apply to recycling facilities.) (§265.90) | — | — | — |
| a. Does the plan indicate that at least one monitoring well has been installed hydraulically upgradient from the limit of the waste management area?   | — | — | — |
| b. Does the plan indicate that there are at least three monitoring wells installed hydraulically downgradient at the limit of the waste management area?   | — | — | — |

† This section applies only to disposal facilities.

\* Effective date for this requirement is May 19, 1981.

SITE-SPECIFIC

please circle all appropriate activities and answer questions on indicated pages for all activities circled. When you submit your report, include only those site-specific pages that you have used.

<u>STORAGE</u>	<u>TREATMENT</u>	<u>DISPOSAL</u>
Waste Pile p. 9	Tank p. 8	Landfill pp. 10-11
Surface Impoundment p. 8	Surface Impoundment pp. 8-9	Land Treatment pp. 9, 10
Container p. 7	Incineration pp. 12-13	Surface Impoundment p. 8
Tank, above ground p. 8	Thermal Treatment pp. 12-13	Other _____
Tank, below ground p. 8	Land Treatment pp. 9-10	
Other _____	Chemical, Physical p. 13 and Biological Treatment (other than in tanks, surface impoundment or land treatment facilities)	YES NO DON'T KNOW

Other filtration of waste tanks; filtration system is under construction

CONTAINERS (\$265.170)

- Are there any leaking containers?  
If "YES", explain.   X
- Are there any containers which appear in danger of leaking?  
If "YES", explain.   X
- Do wastes appear compatible with container materials?   X
- Are all containers closed except those in use?   X
- Do containers appear to be opened, handled or stored in a manner which may rupture the containers or cause them to leak?   X
- How often does the plant manager claim to inspect container storage areas? an official recorded inspection once per month, once per week safety inspections without being recorded.
- Does it appear that incompatible wastes are being stored in close proximity to one another?  
If "YES", explain.   X
- Are containers holding ignitable or reactive wastes located at least 15 meters (50 feet) from the facility's property line?   X
- What is the approximate number and size of containers with hazardous wastes?

150 drums 55 gallons each.

most drums are full some may be empty or partially full.

RETAIN  
THIS COPY  
AND  
SEND US  
YOUR  
CREDIT  
MEMO  
IF  
REQUIRED



**THE NEW YORK TIMES COMPANY**  
229 W 43 STREET • N YORK, N.Y. 10036

## SHIPPING ORDER

NO.

SHIP FROM ☒ 43RD STREET DEPARTMENT *Press Room*  
☐ CARLSTADT

APPROVED BY

DATE 3/31/82

SHIP TO		
NAME G. P. J.		
STREET ADDRESS		
CITY	STATE	ZIP CODE

PACKED AND SHIPPED BY:

SHIP VIA P. U.

ATTENTION OF

☐ COLLECT      ☐ PREPAID

REFERENCE NO.

SHIPMENT  
VALUE \$[illegible]

REASON FOR SHIPMENT			
---------------------	--	--	--

REASON FOR SHIPMENT

For Recycling Flash Point Above  
320°

SHIPMENT RECEIVED

BY *C. P. Nichols*

DATE 3/31/82

7412-JAN 78



**THE NEW YORK TIMES COMPANY**  
229 W 43 STREET • NEW YORK, N.Y. 10036

## SHIPPING ORDER

NO. # 48

SHIP FROM	<input checked="" type="checkbox"/> 43RD STREET	DEPARTMENT
	<input type="checkbox"/> CARLSTADT	

Pressroom

APPROVED BY  
D. Massicotte

DATE 3-18-82

SHIP TO		
NAME General Printing Ink Co		
STREET ADDRESS 500 Industrial Ave		
CITY TETERBORO	STATE N.J.	ZIP CODE 07608

PACKED AND SHIPPED BY:

SHIP VIA air - T.O. 1ATTENTION OF☐ COLLECT      ☐ PREPAID

REFERENCE NO.

SHIPMENT VALUE	\$
-------------------	----

NUMBER OF		DESCRIPTION	WEIGHT		
PKGS	ITEMS		GROSS	TARE	NET
24	Drums	(55 gal. drums) of INK RETURNED FOR REWORK, off <u>STANDARD</u>			
		Flesh 375° F			

REASON FOR SHIPMENT			
---------------------	--	--	--

SHIPMENT RECEIVED

BY

DATE \_\_\_\_\_

1983

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Mr. Peter Alfaro  
Safety & Health Manager  
Sun Chemical Corporation  
350 Central Avenue  
East Rutherford, NJ 07073  
Re: EPA Identification Number: NJ000207151  
Facility Location: Same  
Inspection Date: June 3, 1982  
SO Case 10102

Dear Mr. Alfaro:

The Environmental Protection Agency (EPA) is charged with the responsibility for implementing the Resource Conservation and Recovery Act (RCRA) and its associated regulations. Title 40 of the Code of Federal Regulations (40 CFR) Parts 260-267, and 270-271.

By notification you informed EPA that you conduct activities involving hazardous waste subject to RCRA at the above referenced facility. In accordance with EPA's responsibility, an inspection was performed at this facility by a duly authorized representative of EPA. This inspection revealed that the following regulatory violations existed at the time of the inspection:

40 CFR 262.32(b) states that a generator must mark each container of 110 gallons or less that will be transported off-site, with the words required in 40 CFR 262.32(b). At the time of the inspection, such containers of hazardous waste were not marked in compliance with this regulation. You were therefore in violation of 40 CFR 262.32(b).

40 CFR 265.13(b) requires that the owner or operator of a hazardous waste treatment, storage or disposal facility must develop and follow a written waste analysis plan. At the time of the inspection, information present at your facility was insufficient to meet the requirements of this section. You were therefore in violation of 40 CFR 265.13(b).

40 CFR 265.15 requires that the owner or operator of a hazardous waste facility must develop and follow a written schedule of inspections for certain specified portions of its facility. The owner or operator must also retain a record of these inspections in a log or summary. At the time of the inspection, documents available at your facility were insufficient to meet the requirements of this section. You were therefore in violation of 40 CFR 265.15.

40 CFR 265.16(d) requires that the owner or operator of a hazardous waste facility must maintain written documentation of personnel, jobs and job-related training conducted at the facility. Documentation which existed at the facility at the time of the inspection was insufficient to meet the requirements of this section. You were therefore in violation of 40 CFR 265.16(d).

6/8/83  
6/18/83  
HUMS  
gh

§ 40 CFR §265.51 requires that the owner and operator of a hazardous waste facility must have a written contingency plan for the facility designed to minimize hazards to human health or the environment from any unplanned release of hazardous waste constituents. 40 CFR §265.52 describes the required contents of the contingency plan. At the time of the inspection, the content of this plan was insufficient to meet the requirements of this section. You were therefore in violation of 40 CFR §265.51.

It is requested that, within thirty (30) days of your receipt of this letter, you send a letter to this office outlining the remedial actions taken or to be taken to correct these deficiencies. Also, you should be aware that these violations have resulted in your facility being designated as a high priority site for reinspection during 1983.

Please address response to:

Ernest A. Regan  
Chief, Solid Waste Branch  
Air and Waste Management Division  
U. S. Environmental Protection Agency, Region II  
26 Federal Plaza  
New York, New York 10278

Also, please send a copy of this confirmation to Chief, Permits Administration Branch, at the same address. You must include your EPA identification number on all correspondence.

Your failure to respond to this letter may cause this matter to be forwarded to our attorneys for further enforcement action.

Should you have questions about this Notice or should you wish to discuss this matter further, please contact Robert Gantzer of my staff at (212) 264-1879. A copy of the inspection report is enclosed.

Sincerely yours,

Ernest A. Regan  
Chief  
Solid Waste Branch

Enclosure

cc. Joseph Rogalski  
Assistant Director for Field Operations,  
Compliance and Enforcement, Div. of Waste Management, NJDEP, w/o encl.

bcc: Robert Gantzer, 2AWM-SW w/encl.  
Richard A. Baker, 2PM-PA w/o encl. ✓

Sun Chemical Corporation



General Printing Ink Division

135 West Lake Street  
Northlake,  
Illinois 60164  
(312) 562-0550  
Telex: 72-1542

May 18, 1983

Mr. Robert Gantzer  
Solid Waste Branch  
Air & Waste Management Division  
U.S. Environmental Protection Agency, Region II  
26 Federal Plaza  
New York, New York 10278

Dear Mr. Gantzer:

I have pursued contacting you on 5/17 - 5/18/83 to discuss your Mr. Regna's letter of Violation on Sun Chemical's facility located in East Rutherford, New Jersey, EPA, ID #NJD002007151.

In your absence, I spoke with Mr. Eddie Louie to explain our operation at the East Rutherford plant. The inspection conducted was based on our plant being a Treatment Storage Disposal sight under the Resource Conservation Recovery Act. In October of 1982 we requested a status change from a TSD to Generator for this facility. However, we have not received any response from your office to date.

Also, we do not generate any waste classified as hazardous under current regulations. The drums viewed during your inspection contain News Ink Sludge and are not classified as a hazardous waste under the RCRA Act of August 1980.

Therefore, please advise the pertinent information required by your office to properly classify our facility. Please keep in mind that we would like to maintain a generator status for this facility. We would in turn comply with any requirements surrounding this classification.

Sincerely,

G. Andrzejewski  
GPI Division Manager  
Safety, Health & Environmental Control

cc: E. Louie - Solid Waste Branch - EPA  
E. Regna - Solid Waste Branch - EPA  
S.J. Kovalsky  
A.L. Brown, Jr.  
N. Zucker  
P. Vincelli  
J. Capron

GA:nd



State of New Jersey  
Department of Environmental Protection  
Division of Hazardous Waste Management  
Manifest Section  
CN 028, Trenton, NJ 08625

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>NJ 0000200711510112019</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address <b>General Printing Ink 390 Central Ave. E. Rutherford, NJ 07073</b>				A. State Manifest Document Number <b>NJA 1401209</b>			
4. Generator's Phone ( <b>201</b> ) <b>438-4042</b>				B. State Generator's ID <b>SAME</b>			
5. Transporter 1 Company Name <b>PEROLA ENTERPRISES, INC.</b>		6. US EPA ID Number <b>1NJ0986609949</b>		C. State Trans. ID <b>NJDEPS7277</b> *			
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone <b>201-589-1600</b>			
9. Designated Facility Name and Site Address <b>S&amp;W WASTE, INC. 105 Jacobus Avenue South Kearny, N.J. 07032</b>		10. US EPA ID Number <b>1NJ0991291105</b>		E. State Trans. ID			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HM <b>WASTE FLAMMABLE LIQUID, NOS RQ.(0001) Flammable Liquid UN 1993 Naptha</b>				12. Containers No. Type		13. Total Quantity	
				14. Unit Wt/Vol		15. Waste No.	
a. <b>X</b>				XX 80 IN		XX 440 G 0 0 0 1	
b.							
c.							
d.							
J. Additional Descriptions (Listed Above) <b>193, Mineral Oil 12,</b>				K. Handling Codes for Wastes Listed Above			
a.				a.		c.	
b.				b.		d.	
15. Special Handling Instructions and Additional Information <b>S&amp;W APPROVAL NO. 006885 a(004)</b>				<b>EMERGENCY CONTACT &amp; PHONE: 8111 Griffin 201-438-4042</b> <b>*14204</b>			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name <b>-reg Guakherama</b>				Signature <i>[Signature]</i>		Month Day Year <b>08/29/91</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <b>George Desruisseaux</b>				Signature <i>[Signature]</i>		Month Day Year <b>08/29/91</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature <i>[Signature]</i>		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name							
Signature				Month Day Year			

Sun Chemical Corporation



General Printing Ink Division

135 West Lake Street  
Northlake,  
Illinois 60164  
(312) 562-0550  
Telex: 72-1542

U. S. Environmental Protection Agency  
EPA Region II  
Information Service Center  
26 Federal Plaza  
New York, NY 10007

October 25, 1982

Subject: RCRA Status Change

TO WHOM IT MAY CONCERN:

In August of 1980, Sun Chemical Corporation had filed under the Resource Conservation Recovery Act as a Treatment, Storage and Disposal Facility for the following plant location:

Sun Chemical Corporation  
General Printing Ink Division  
390 Central Avenue  
East Rutherford, NJ 07073  
(County) Bergen

EPA No. ~~NJD 900-650-117~~ - 397  
NJD-002-007-151

- |    |   |     |    |
|----|---|-----|----|
| 1. | Has the above mentioned facility stored Hazardous Waste since the promulgation of the Resource Conservation Recovery Act? | Yes | No |
|    |   |     | X  |
| 2. | Has the above mentioned facility generated more than 2,200 pounds or 1,000 Kilos per month of Hazardous Waste?            | X   |    |

Therefore, we are requesting a Status Change to a

X Generator or        Small Quantity Generator

and will dispose of our waste in the 90 DAY TIME LIMIT which starts when accumulation reaches 2,200 pounds.

Your expeditious response will be greatly appreciated. Should you have any further questions, please do not hesitate to contact my office.

Sincerely,

Gary M. Andrzejewski  
Gary M. Andrzejewski

GPI Division Manager  
Safety, Health & Environmental Control

GMA:b

Notified

OSC  
Gen/Trans

Nov 8 12:46 PM '82  
ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, N.Y. 10007

delete C1103  
C1105, 119, data  
add C1101

GH  
HWPMs  
12/29/82

Sun Chemical Corporation



General Printing Ink Division

135 West Lake Street  
Northlake,  
Illinois 60164  
(312) 562-0550  
Telex: 72-1542

December 22, 1986

Department of Environmental Protection  
Division of Waste Management  
32 East Hanover Street  
PO Box C-N028  
Trenton, NJ 08601

*12/31/86*  
*ownership cha*

Gentlemen:

Re: Notice of Change in Ownership

This letter should serve as notice for change of ownership of  
Sun Chemical Corporation General Printing Ink Company located at  
390 Central Ave.

East Rutherford, N.J. 07073, EPA ID# NJD002007151.

Further, the location, operation and name will stay the same  
although the parent company will be Dainippon Inks and Chemical  
Company of Japan.

Should you require additional information, please advise this  
office directly.

Sincerely,

SUN CHEMICAL CORPORATION

*Gary M. Andrzejewski*

Gary M. Andrzejewski  
GPI Divisional Manager  
Safety, Health & Environmental Control

cc: US Environmental Protection Agency  
Hazardous Waste Division  
26 Federal Plaza  
New York, NY 10278